

Department of Early Learning  
Negotiated Rule Making Team Meeting Notes  
May 16, 2009, Renton, Washington

The following agenda guided our discussion:

**Overall Goal:**

The purpose of this Negotiated Rule Making Team (NRMT) is to develop a set of recommendations about the rules and issues that affect the health, safety, learning and quality of environment for children that is supported by parents, early care providers, health/ safety experts and interested stakeholders. The NRMT's proposed rules will then move on to the legal and legislative proceedings (and formal public comment period) before they can be formally adopted.

**Today's Meeting Objectives:**

1. Hear updates from small groups on the NRMT Communication/ Outreach efforts & Parent Involvement; Rule Writing & the Rule Review; and NRMT future;
2. Hear recommendations from the small group working on ***Licensed-Unlicensed Space and Access***;
3. Finish hearing recommendations about ***Recordkeeping, Reporting & Posting (Team C)***;
4. Hear recommendations from the A Team on the subtopic of *Swings* to finish up ***Outdoor Environment***;
5. Hear possible revised recommendations from West Side Story about ***Staff Qualifications***;
6. Begin discussing ***Capacity, Ratio & Supervision*** (West Side Story);
7. Discuss and determine what elements should be incorporated into our work moving forward; and
8. Determine next steps.

**Pre-Work Given at May 2, 2009 Meeting:**

- ◆ The West Side Story (Karen Hart is Lead) will:
  - Review ***Staff Qualifications*** to be sure that issues from ***WAC 170-296-1420-Must I be present while children are at my family home child care***, subsections (1) through (4) are addressed; also staff roles and amount of time provider must be present;
  - Be prepared to present ***Capacity, Ratio, Supervision***.
- ◆ The A-Team (Debbie Knighten is Lead) will:
  - Come prepared to complete the ***Outdoor Environment*** subtopic of *Swings*.
- ◆ Team C (Martha Standley is Lead) will:
  - Come prepared to complete ***Recordkeeping, Recording & Posting; and***
  - Continue working on ***Emergency Preparedness*** and ***Nurture & Guidance***.

<b><i>Time</i></b>	<b><i>Topic</i></b>
<b>9:00</b>	<b>Welcome, Agenda, Introductions, Check In</b>
<b>9:20</b>	<b>Updates</b> <ul style="list-style-type: none"><li>● Coordinating Committee meeting with new DEL Director Bette Hyde</li><li>● Communication, Outreach and Parent Involvement</li></ul>

	<ul style="list-style-type: none"> <li>• Rule Writing and Rule Review</li> <li>• Licensed Space, Unlicensed Space &amp; Access</li> </ul>
<b>9:50</b>	<b>Outdoor Environment (A Team), Subtopic: Swings</b>
<b>10:50</b>	<b>Recordkeeping, Reporting &amp; Posting (Team C), Subtopic: Reporting</b>
<b>11:50</b>	<b>Lunch</b>
<b>12:20</b>	<b>Staff Qualifications (West Side Story) <i>Postponed to the June 20, 2009 meeting</i></b>
<b>1:00</b>	<b>Supervision, Capacity &amp; Ratio (West Side Story)</b>
<b>3:10</b>	<b>Project Schedule Adjustments</b>
<b>3:20</b>	<b>Next Meeting Agenda, Assignments</b>
<b>3:30</b>	<b>Adjourn</b>

***Voting Members Present:***

Sandra Van Doren, Provider/EWFCCA  
 Laura Giddings, WSCCR&R  
 Mary Kay Quinlan, DEL  
 Debbie Knighten, SEIU/Provider  
 Karen Hart, SEIU  
 Jean Orton-Elders, DEL  
 Cassandra Clemans, Care for Providers  
 Vicky Lujan-Bell, DEL  
 Judy Jaramillo, DEL  
 Sue Paskiewitz, SEIU/Provider

Martha Standley, DEL  
 Sylvia Mierau, SEIU/Provider  
 Sherry Schleufer, SEIU  
 Nancy Gerber, SEIU/Provider  
 Laura Dallison, DEL  
 Angela Taylor, SEIU/Provider  
 Cynthia Hendsch, DEL  
 Sue Winn, Provider/WSFCCA  
 Lola Kling, SEIU/Provider  
 Dora Herrera, SEIU/Provider

***Guests, Public, Other Non-Voting:***

Deanna Houck, Seattle-King Co. Public Health  
 Kathleen Hardee, Care for Providers (Alternate)  
 Debbie Rough-Mack, Independent Facilitator

Donna Horne, WSCCR&R  
 Larry Horne, DEL Assistant Director  
 Andy Fernando, DEL-NRMT Coordinator

EWFCCA = Eastern Washington Family Child Care Association  
 WSCCR&R = Washington State Child Care Resource and Referral  
 SEIU = Service Employees International Union 925  
 WSFCCA = Washington State Family Child Care Association

***Welcome, Check in, Overall Project Timeline***

The agenda was slightly revised. West Side Story reported that because of their lengthy, involved work on ***Capacity, Ratio & Supervision***, they were unable to complete work on the

topic of **Staff Qualification** on the time the provider must be in the child care. That topic will be discussed at the June 20 meeting. Team C reported that they discovered an omission in the team's recommendations on **Recordkeeping** matrix that the full team worked on May 2, regarding the provider's written Policies and Procedures. Team C will work on this subtopic and be prepared to present recommendations on June 20.

It had become clear that the group would be unable to complete work on the entire family home WAC revision by our self-imposed June 2009 deadline. Fortunately, DEL has gotten legislative approval for funding to continue working on Negotiated Rule Making through December 31, 2009. We agreed to schedule meetings on the following Saturday dates:

- June 20 (already scheduled)
- July 25
- August 8
- September 19
- October 24
- November 7 (if needed)
- December 5 (if needed)

We acknowledged that the June, July and August meetings may have lower attendance as team members spend time with their families. The team has devoted more than 21 Saturdays to NRMT meetings over the past 29 months, plus two Friday night meetings and many weeknight sub-team conference calls and in-person meetings. This is important and sometimes exhilarating work, but team members have expressed a desire to wrap up this process, and before December if possible. Andy Fernando will revise the topic schedule – team members please mark the new meeting dates your calendars.

## ***Updates***

### **The NRMT Coordinating Committee**

Larry Horne, Sherry Schleufer (substituting for Karen Hart), Debbie Rough-Mack, Judy Jaramillo and Andy met with new DEL Director Bette Hyde on May 7 to bring her up to speed on our progress. She was interested and supportive of the Negotiated Rule Making effort. Dr. Hyde stressed the safety of children as the number one criteria for prioritizing remaining topics and encouraged us to “write the rules well,” even if it means we can't get to all of them. She also wanted us to develop a plan for what might happen to – or who might handle --- any undone tasks should our project funding end before completion.

### **Communications, Outreach & Parent Involvement**

- ◆ Debbie Knighten hosted a meeting last week at the Kennewick library which was attended by about 10 providers. It went well, though she was somewhat disappointed by the low turnout.
- ◆ Nancy Gerber and Sandra Van Doren will present NRMT information on May 18 at the EWFCCA meeting in Spokane.

Andy will organize the feedback received from the first three draft rule sections and make it available by our June 20 meeting. He asked that team members send him notes and comments or questions from their community meetings to add his June 20 report.

### **Rule Writing & Rule Review Committees**

Judy J. and Sandra reviewed every matrix to try to capture all that we designated as important for the Provider Guidebook. Although the guidebook is not technically part of the NRMT deliverables, it is intended to be an integral component of our comprehensive rule recommendations.

The Rule Writers also continue to look for issues that need clarity (e.g. in the **Program** section, we recommended that a provider “must have a daily schedule” but we didn’t specify where? Should this be in the *Parent Handbook*, posted or other place? The team working on **Recordkeeping, Reporting & Posting** responded that they had cited the daily schedule in their recommendations, which we have not yet gotten to.) The Rule Review Committee is caught up with nearly all the rules drafted so far. Judy and Sandra are nearly caught up with all of the NRMT recommended rules, including topic matrixes that the full team has only partly finished.

### **Licensed Space - Unlicensed Space & Access – Special Subgroup**

This group is scheduled to have an in-person meeting on May 22 at the DEL headquarters in Lacey (they have been communicating and sharing information by e-mail). The focus question is: *Under what circumstances can the State access and influence what happens in unlicensed space?* This is a core issue that impacts the group’s recommendations in several areas – it has also been the subject of several court cases. The group consists of Larry Horne (lead), Karen Hart, Laura Giddings, Sue Winn, and Sandi Clemans. We will hear from them at the June 20 meeting.

### ***Outdoor Environment, A Team: Presenters: Laura Dallison and Debbie Knighten***

#### **Subtopic: Swings**

The Eastern Washington A-Team presented recommendations on groundcover and fall zone requirements under and around swings. There was discussion about whether the ground cover should be different than for other stationary climbing or play equipment, and whether allowable ground cover under swings should include grass (the group previously recommended that grass is not an approved ground cover under other play equipment because the soil underneath the grass can harden). A vote was taken on the following recommendation:

*“Adequate ground cover must be maintained under a swing and within the fall zone (depth of ground cover must be the same as other climbing equipment over four feet (tall)). Swings must have a fall zone that extends at least 6 feet in front and 6 feet in back of a stationary swing (the term “adequate” would be defined in a table showing minimum depths of various types of ground cover materials)”*

#### ***Initial Vote: 9 in favor, 7 undecided, 4 opposed***

Concerns cited were:

- Ground cover restrictions may make people remove swings, depriving children
- Grass should be okay as ground cover (5 members with this comment).
- No other state has regulations about swings...rules about swings should be removed.

- Swings on slope surfaces make required ground cover too difficult – would have to remove swings.
- Don't children have a "right" to swing?
- No evidence that there's a problem (where is the data that suggest significant risk?)
- Should specify a width if we're going to make a requirement for size of ground cover – the recommendation could allow ground cover only under the width of the swing seat.
- The safety of swing chains and of railroad ties to hold in the ground cover are not addressed.
- Swings placed too close to fences or buildings are dangerous – we should specify how far away from the swing arc a building or fence must be.

After considerable discussion there was a modified recommendation which allowed grass as ground cover:

*"Adequate ground cover or grass must be maintained under a swing and within the fall zone (depth of ground cover must be the same as (for) other climbing equipment over four feet (tall)). Swings must have a fall zone that extends at least 6 feet in front and 6 feet in back of a stationary swing."*

**Final Vote: 19 in favor, 1 undecided, 0 opposed**

Concern: Little experience with swings. The danger if the swing is too close to a house or fence.

### ***Recordkeeping, Reporting & Posting – Reporting Subtopic; Team C Presenters: Jean Orton-Elders & Angela Taylor***

The Southwest Washington Team C acknowledged that the recommendations on Reporting subtopic represents those items that Team C has identified so far. The group may need to add to these recommendations as we cover future topics.

Team C recommended that the items that this subtopic be divided into what must be reported to:

- 911 emergency services
- Poison Control (Washington Poison Center)
- Parents
- DSHS Children's Intake (Child Protective Services)
- DEL licensing or the provider's licenser
- Local Public Health Department or Department of Health

The following recommendations were considered by the group:

### **Subtopic: Reporting**

#### **◆ Reporting to 911**

*"The licensee must report to 911:*

- *A child missing from the licensee's care, as soon as provider realizes the child is missing;*
- *(A) medical emergency (injury or illness) that requires immediate medical care."*

**Vote: 17 in favor, 1 undecided, 0 opposed (2 members were out of the room and did not vote)**  
Concern: Putting fire calls in a separate area of the rules (the rule writers will address this).

◆ **Reporting to poison control (Washington Poison Center)**

There was discussion about including suspected toxins as well as poisons (many calls to poison control are about plants a child eats or comes into contact with). There was concern about whether we should specify reporting incorrect administration of oral or injected medications, and overdose, or to specify prescription, non-prescription, topical medications. The group eventually decided to support the following:

*“(The) Licensee must report to the Washington Poison Center:*

- *Any suspected poisoning or toxin*
- *Incorrect administration of any medication*
- *Overdose of any medication (including topicals)”*

More details should be included in the Guidebook.

**Vote: 20 in favor, 0 undecided, 0 opposed**

◆ **Reporting to parents**

There was concern about providers having to report changes in their household to parents, and about acts or gestures that may lead the provider to think a child may hurt him- or her-self or others. Team C noted that this language was intended to empower providers to talk with parents about behaviors that are a concern, and then let the parents decide what action might be needed. It was decided to let the rule writers refine the wording in drafting, considering the group’s discussion, to make these reporting items clear. The group voted to recommend:

*“ The licensee must report to a child’s parent(s):*

- *Addition of persons on the premises/staffing during operation (change in household members or staff). [The rule writers will separate these into two concepts: Staff changes and changes in other persons in the household.]*
- *Injury to their child*
- *(Licensee’s) plans to move*
- *(Licensee’s) phone number change*
- *Child’s exposure to reportable communicable disease from the list required by local public health (per Department of Health rules)*
- *Changes to written parent policies or contract*
- *Their child missing from the licensee’s care, after calling 911 (see calling the licensor below)*
- *Any medical emergency (after calling 911)*
- *Unexpected health problems that are not emergent*
- *Any incident of medication administered incorrectly*
- *Use of physical restraint*

- *Acts, gestures, behaviors that lead the provider to think the child may do serious intentional harm to selves or others*” [Rule writers will work on this language]

**Vote:** *18 in favor, 0 undecided, 0 opposed (2 members out of the room and unavailable to vote)*

Concern: “Acts, gestures, behaviors...” is subjective – can we license to that?

It was decided that DEL will locate suicide prevention resources applicable to child care and make them available to providers.

◆ ***Reporting to CPS (Child Protective Services also known as DSHS Children’s Administration Intake)***

Although there was general agreement, the group decided to change the order of Team C’s recommendation, and note that the state law (RCW) requires child care providers to make some reports. The group voted to support:

*“(The) Licensee must report to DSHS Children’s Administration Intake (Child Protective Services) per RCW:*

- *Suspected Abuse, Neglect, Exploitation*
- *Child’s suicide attempt*
- *Disclosures of sexual or physical abuse by a child enrolled in care.*
- *Death of a child while in care.”*

The rule writers will include any reporting timeframes included in RCW 26.44 – Abuse of Children.

**Initial Vote:** *19 in favor, 1 undecided, 0 opposed*

Concern: The current WAC 170-296-1340 has several other items or incidents (e.g., injuries) a provider must report to CPS – why weren’t those included? Team C explained that they considered that and felt the recommended list was supported by the law, and that the remaining items or incidents were included in what the provider must report to the DEL licensor, who could help the provider determine if a CPS report was needed. With that noted, the undecided member changed her vote to “in favor.” So the final vote was **20 in favor, 0 undecided, 0 opposed.**

◆ ***Reporting to the DEL licensor or licensing***

There was much discussion about this recommendation, including concerns that self-reporting some items to the licensor would result in a DEL complaint finding. It was also noted that not reporting might definitely result in complaint finding. All agreed the intent is to create an environment where a provider can report issues to DEL without fear of automatically being “written up.” A goal of the NRMT process is help improve provider-licensor relationships, that with better rules, training and guidebooks would also help.

“Change of circumstances” was among the recommended reportable items. The group discussed concerns about what types of fires need to be reported, and whether DEL needs to know if the home has had any structural damage. In both cases Team C said the licensor needs to determine if the fire or damage affects the child care operation; it could be an opportunity for conversation between the licensor and provider.

Finally, the group discussed concerns about reporting “pending charges” along with convictions for staff and household members over age 16. Some asked where the “pending charges” requirement was in the law. [Team members later looked up RCW 43.43.832, in which section (6) requires DEL to consider a person’s pending charges and convictions when doing a background check). This law is cited as legal authority for DEL Background Check WAC 170-06, which applies to licensed family home child care.] After making several clarifying changes, the group voted to recommend:

*“Licensee must report to DEL Licensing/Licensor:*

- *CPS reports*
- *(Child’s) injury requiring professional medical treatment*
- *House hold member addition or removal (affects the list of people that are attached to the license)*
- *(Licensee/partner)Marriage, separation, divorce, or death*
- *Structure or licensed space changes*
- *Fires requiring emergency response or use of a fire extinguisher*
- *Structural damage to the home*
- *Staffing changes, including change in level of staff (e.g., from assistant to primary staff)*
- *Moves (changing the child care address)*
- *Change (of the child care) phone number*
- *(Child’s) reportable communicable disease (see DOH reporting)*
- *Policy changes*
- *Serious illness or incapacity of (the licensee), staff or member of the household, if:*
  - (licensee has) a reasonable expectation that it will affect the ability to provide care,*
  - and*
  - (licensee is) going to continue providing care.*
- *Child’s unexpected or emergent health problems that require off-site medical treatment*
- *Medication that is given incorrectly (during child care hours)*
- *Use of physical restraint that is alleged to be improper, excessive or results in injury*
- *Sexual contact between two or more children*
- *Per RCW 43.43.832, a known charge or conviction of (the licensee), staff, volunteer or a household member*
- *Missing child, as soon as possible after notifying 911 and the parent, but no later than 24 hours”*

***Vote: 14 in favor, 4 undecided, 2 opposed***

Concern: Providers self-reporting may result in punishment; charges are different from convictions and may end up disqualifying innocent people.

♦ ***Reporting to Local Public Health or Department of Health***

Providers were concerned about how they would know about all the many infectious diseases that providers need to report to local public health. There is a list of “notifiable conditions” in Department of Health (DOH) rules that require child care providers to report, but our guest Deanna Houck noted that not all local public health districts handle reporting the same way. The following was recommended by the group:

“The licensee must report to Local Public Health or Department of Health:

- Reportable communicable diseases (“notifiable conditions”) to the local public health department per DOH RCW and WAC.”

Guidebook should note the DOH website and links to local public health and the notifiable conditions list.

***Vote: 20 in favor, 0 undecided, 0 opposed***

***Capacity & Ratio; West Side Story Presenters Karen Hart & Cynthia Hendsch***

The group agreed by consensus with the Northwest Area - West Side Story’s recommendations that “supervision” requirements are woven throughout the WACs and therefore does not need to be addressed as a separate topic. This topic category is now renamed ***Capacity & Ratio***. The Westside group said this topic produced the most heated, lengthy discussions their team has ever had.

They introduced some new concepts to the group, notably to create a “specialty license” allowing a provide exclusively: Care for Infants-toddlers to age two; Care for children two to five years old; or, Care for children 5 through 12 years old (until a child reaches age 13). Or, the provider could apply for a “mixed age group” license. The sub-team that they recommended the specialized license category because:

- There is a shortage of child care for infants; and
- They wanted to allow providers to specialize in certain age groups if they choose.

For each specialty license or mixed age group license there would be specific child-to-staff ratios and requirements for the licensee and staff experience (minimum training for the licensee and each type of staff is covered in ***Staff Qualifications***). The preliminary draft table attached to these notes shows the concepts discussed, but that there is still work that needs to be done. Several NRMT members noted their appreciation that West Side Story was bringing forward an innovative proposal.

West Side Story asked for the large group’s reaction to these concepts before voting on any of the details. Some NRMT reactions:

- Generally in-favor of the idea of Specialty and Mixed Age licenses.

- Favor the idea of having a table with specific information about what license, how many kids, etc.; this table needs more clarity than a narrative alone.
- Space issues (minimum square-footage per child) for infants may need to be looked at further.
- In the child care center WAC there is a nurse consultation requirement for infant care – should we consider that?
- Don't want to lessen the number of kids providers can now care for.

**Subtopic: Emergency Overcapacity**

This is a new concept allowing the licensee to have a plan for unexpected circumstances that may occur and force the provider out of the DEL-approved capacity and ratio. Maine has a similar regulation that allows emergency overcapacity for bad weather, family emergency, late parent or emergency school closures. This plan's primary driver would be the safety of children. After the wording was refined, the group voted to recommend:

*“(The) Licensee will not be penalized if they exceed their capacity, only when the following conditions exist: unpredictable circumstances not under the licensee’s control.*

- *Proper supervision must be maintained.*
- *Procedures for managing such events must be explained in the emergency plan.* [Note this would need to be added to **Recordkeeping.**]
- *Licensee shall record and report to the licensor when and why capacity is exceeded, and specify the number of children involved.”*

***Vote: 16 in favor, 3 undecided, 1 unavailable to vote***

Concerns: Reporting to the licensor could be cause for complaint finding; The number of children may be too many to safely watch; Defining “unpredictable circumstances” could be stretched.

The West Side Story group will continue their work on **Capacity & Ratio** for the June 20 NRMT meeting.

***Continuance of NRMT Work***

Because we had time at the end of the meeting we had a preliminary discussion about what we'd like to see happen after the NRMT ceases to meet formally after December 2009. Some thoughts:

- Attending joint training (providers and licensors) on new rules could encourage shared understanding.
- Giving joint training to providers and licensors on new rules could help with the same
- A smaller, representative group could continue to meet to address unfinished or unexpected issues; could even finish the recommendation process if we run out of time.
- If changes or revisions are made after NRMT, focus should still be cohesive approach to the WAC.

- Would like DEL licensors to “spread the good word” within DEL to each other about the hoped-for changes in the licensor-provider relationship.
- Some important continuing projects are not part of our deliverables (e.g., Provider Guidebook), but would still be important to have NRMT member involvement.

The following people said they would consider ongoing participation in a smaller format (for now named a “NRMT Continuance Group”) if we decided to form one at a later date: Judy Jaramillo, Sandra Van Doren, Debbie Knighten, Sue Paskiewitz, Kathleen Hardee, Jean Orton-Elders, Cassandra Clemans, Angela Taylor, Martha Standley, Cynthia Hendsch, Sue Winn and Vicky Lujan-Bell.

### ***Next Meeting***

The next meeting will be June 20, 2009, in Renton (changed afterward to the Seattle DEL office). Agenda items will likely include:

- Team C will be ready to complete ***Recordkeeping, Recording & Posting, Subtopic: Policies and procedures;***
- The special small group ***Licensed vs. Unlicensed Space & Accessibility*** (Larry Horne is the lead) will be ready with recommendations;
- West Side Story will continue reviewing ***Staff Qualifications*** to be sure that issues from WAC 170-296-1420 are addressed, also staff roles and amount of time the provider is present in the child care; and
- If time permits, A-Team will begin discussion and recommendations on ***Indoor Environment.***
- Andy will organize the input received so far on the first three topics that have been out for public, provider and licensor review.

### ***Pre-Work for the Small Groups:***

The West Side Story (Karen Hart is Lead) will:

- Review ***Staff Qualifications*** to be sure issues from WAC 170-296-1420 are addressed; also staff roles and amount of time provider is present; and
- Continue developing recommendations about ***Capacity & Ratio*** from the NRMT input today.

The A-Team (Debbie Knighten is Lead) will:

- Come prepared to begin presenting recommendations on ***Indoor Environment.***

Team C (Martha Standley is Lead) will:

- Come prepared to complete ***Recordkeeping, Recording & Posting***, specifically Policies & Procedures and revisiting the NRMT recommendations on reporting provider time attendance or absence; and
- Continue working on ***Emergency Preparedness***, and ***Nurture & Guidance.***

*NOTE: This DRAFT table was still under discussion as of the May 16, 2009, NRMT meeting and has not been adopted as a Negotiated Rule Making Team recommendation.*

<b>DRAFT PROPOSED SPECIALITY CARE CAPACITY-RATIO TABLE</b>				
<b>Intent: The child staff ratio must support the health, safety and other needs of the children enrolled.</b>				
	<b>Ratio (Children:Staff)</b>	<b>Maximum (children)</b>	<b>Staffing</b>	<b>Staff Requirements</b>
Serving only under 2 years old (infant/toddler)	2:1 not walking	6	Licensee, primary assistant, assistant	Pre-service specialty required or continuing education with infant/toddler specialty
	3:1 if at least two are over 18 months and walking	9	Licensee, primary assistant, assistant	Pre-service specialty required or continuing education with infant/toddler specialty
2-5 years old not enrolled in school	6:1	6	Licensee	Licensee with less than one year experience
	8:1	8	Licensee	Licensee with one year experience or approved training
	8:1	12	Licensee, primary assistant or assistant	Licensee with more than two years experience
5 through 12 years	6:1	6	Licensee	Licensee with less than one year experience
	10:1	10	Licensee	Licensee with one year experience and School/Age specialization training (on premises. see outings for outings ratios)
	12:1	12	Licensee	Licensee with two years experience and School/Age specialization training (on premises. see outings for outings ratios)

*NOTE: This **DRAFT** table was still under discussion as of the May 16, 2009, NRMT meeting and has not been adopted as a Negotiated Rule Making Team recommendation.*

<b>DRAFT PROPOSED MIXED AGE GROUP CAPACITY-RATIO TABLE</b>							
<b>Intent: The child staff ratio must support the health, safety and other needs of the children enrolled.</b>							
	<b>Total (consisting of children by ages groups in the following columns)</b>	<b>Under 18 months</b>	<b>18 months to 2 years</b>	<b>2 Years through 12</b>	<b>3 years through 12</b>	<b>Minimum Staffing</b>	<b>Licensee Experience Requirements</b>
Mixed age group Birth through 12 years	6	2	1	3		Licensee	Licensee with less than one year of experience
	8		2	6		Licensee	Licensee with one year of experience
	10				10	Licensee	Licensee with two years of experience
	9	2	1	6		Licensee and one staff	Licensee with one year of experience
	12	4 under 24 months		8		Licensee and one staff	Two years licensed child care experience and 30 hours of early childhood education (ECE) or equivalent S.T.A.R.S. training